

# Budget Advisory Committee (CBAC) Application



Thank you for completing this CBAC application. Please note that the information provided in this document is public information. If you have questions or would like to connect with staff in the Office of Community Involvement, feel free to call us at 503-988-3450 or send an email to [community.involvement@multco.us](mailto:community.involvement@multco.us). For an online application, visit [multco.us/oci](http://multco.us/oci).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Pronouns (e.g., he/him, she/her, they/them): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address (including zip code): \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Are you a resident of Multnomah County?

You must be a resident of Multnomah County to serve on a Budget Advisory Committee.

- Yes
- No
- Other (please explain): \_\_\_\_\_

## Areas of Interest:

- Community Services
- County Assets & Management
- Non-Departmental (includes 16 small County offices)
- Human Services
- Community Justice
- Sheriff's Office
- District Attorney
- Health
- Library
- Other (please specify): \_\_\_\_\_

When are you able to meet?

Daytime                       Evening                       Both

Other (please explain): \_\_\_\_\_

Please tell us why you are interested in joining a Budget Advisory Committee. (About 500 words or less)

Please describe any past or current community involvement, including volunteer, committee, and board experience. Optional: please include any experience reviewing budgets.

Please state any potential conflicts of interest you may have related to any county department, if applicable. Ex. If you are an employee or a board member for an organization that receives county funding and/or has contracts with the County.

Please provide us with a summary of your work and volunteer experience.  
You may provide a written response or attach a resume. If you wish to submit a formatted resume, you may attach it to this application or email it to [community.involvement@multco.us](mailto:community.involvement@multco.us).

Is there anything else you'd like us to know?

## Optional Questions

The following questions are optional and are used by the Office of Community Involvement to track the effectiveness of our outreach efforts.

### Your Age

- under 20       20-39       40-59       over 60

### Your Gender

- Male
- Female
- Transgender (from male to female)
- Transgender (from female to male)
- Gender non-conforming or non binary
- Other: \_\_\_\_\_

### Your race/ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or Pacific Islander
- White
- Multiracial
- Other: \_\_\_\_\_

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Please return this application to:  
Office of Community Involvement  
501 SE Hawthorne Blvd., Suite 192 • Portland, Oregon 97214